

CPCS TELEBILL

CLIENT NAME _____

1. Enter your personal 5 digit PIN number. (For security reasons, do not write your PIN on this form.)

2. Enter this case's 8 digit Notice of Assignment Number (NAC#).

C							
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3. Enter case status code 1 = Fiscal Year End 2 = Quarterly Bill 4 = Representation Concluded

4. Enter dates of service and hours to nearest quarter hour (for example: .25, 1.75, .50).

DATE			RATE A - IN COURT HOURS						TOTAL A1-A6	RATE B - OUT OF COURT HOURS							TOTAL B1-B7 INCLUDE WAITING TIME
			A1 PRE- TRIAL HEARING	A2 COURT CONF. W/JUDGE	A3 TRIAL	A4 PLEA HEARING	A5 DISP. HEARING	A6 POST TRIAL HEARING		B1 WAITING CONT. DEFAULT WITHDRAWAL	B2 CLIENT INTERVIEW	B3 INVESTI- GATION	B4 RESEARCH	B5 NEGOTI- ATION	B6 TRAVEL	B7 OUT OF COURT OTHER	
MO	DAY	YR															

4.1																	
4.2																	
4.3																	
4.4																	
4.5																	
4.6																	
4.7																	
4.8																	

TRANSFER TO LINE 5 BELOW:

TOTAL ALL A _____

TOTAL ALL B _____

5. BILLING SUMMARY: TOTAL A & B HOURS _____ X \$ RATE _____ = \$ _____
TOTAL AMOUNT THIS BILL

NOW YOU ARE READY TO TELEBILL - DIAL (617) 350-9700

1	2	3
4	5	6
7	8	9
*	0	#

Star key
press as
Decimal
→

Pound key press
after you make
certain entries
←

ATTORNEY CERTIFICATION

I certify under the pains and penalties of perjury, that I have been appointed to the above case, that I have provided the services and incurred the costs described, and that I have not received, nor will accept any other payment for these services.

Pending
Cleared
Late Bill

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

BILL CONFIRMATION NUMBER

DATE YOU TELEBILLED

YOUR SIGNATURE

RETAIN THIS ORIGINAL SIGNED TELEBILL FOR A PERIOD OF SEVEN YEARS FROM THE BILL DATE OR THE FISCAL YEAR END DATE WHICHEVER IS LATER.